

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced m

6. (b) Name of husband or wife Georgie 6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 23, 1896

8. AGE: Years off 46 52 Months Days If less than one day hrs. min.

9. Birthplace Tennessee
 (Town, county, and state)

10. Usual occupation line worker

11. Industry or business

12. Name William Bozzell

13. Birthplace La.

14. Maiden name Mary Courtney

15. Birthplace Tenn.

16. Informant Georgie Bozzell

Address Sykesville, Md.

17. Burial (Burial, cremation, or removal, Which?) burial Date thereof 10-9-48
 (month) (day) (year)

Cemetery or crematory Mt. View

Location Howard Co., Md.

18. Funeral director A. A. Harkness & Son

Address Mutual Md

19. 10-5-48 H. H. Ware
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Howard
 City or town Ellicott City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)

2. (a) If veteran, name war ☒

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 19 48 at 9:40 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Burned to death DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-4-48

Where did injury occur? Prince Frederick, Calvert, Md.
 (City or town) (County) (State)

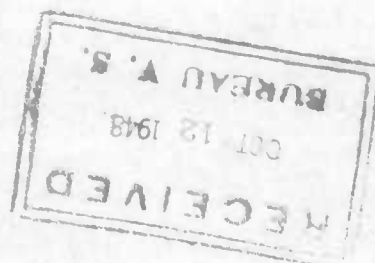
Injured at home, farm, industry, public place (where?) None

Means of injury House burned Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address [Signature] Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10278

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert Co. Hospital
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days life
 Hospital, institution, or street address where death occurred:
Calvert Co. Hospital
 How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Calvert
 City or town Seas Beach
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

John Samuel Brooks

3. (b) Social Security Number

4. Sex male 5. Color or race am negro 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Aslee Brooks
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 7-20-1878
 8. AGE: Years 70 Months 3 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Calvert Co. md.
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business _____

12. Name David Brooks

13. Birthplace Calvert Co., md.

14. Maiden name Annie Brown

15. Birthplace Calvert Co., md.

16. Informant Hospital Record

Address Prince Frederick, md.

17. Burial Date thereof 10-28, 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Plum Point

Location Calvert

18. Funeral director P. E. Sewell

Address Prince Frederick, md.

19. 10-28 1948 N. H. Hard
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1948 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1948, to Oct 26 1948 and that I last saw him _____ alive on _____ 1948

Immediate cause of death Cachexia

Due to Ca of ascending colon

Due to Ca of prostate

Other conditions Leucemia (3)

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. H. Stewart M. D. or other

Address St. Remond Date signed 10-27-48

1948-10-26
70-3-6
1878-9-20

RECEIVED
NOT
1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10279

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Calvert County Hospital
 How long in hospital or institution? on admission

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town North Beach
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 704 7th St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Fletcher Smith Canfield

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Helen Gertrude Canfield

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 19, 1891

8. AGE: Years 56 Months 10 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D.C.
 (Town, county, and state)

10. Usual occupation maider

11. Industry or business

FATHER 12. Name Mr. James Canfield
 13. Birthplace

MOTHER 14. Maiden name Miss Betty Elizabeth
 15. Birthplace Blue Mounts, West Virginia

16. Informant Phillip Kraft
 Address 704 7th St. North Beach, Md

17. Removal Date thereof Oct 28-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location D.C.

18. Funeral director W.W. Chambers Co.

Address 517-1174 St. SE. Wash. D.C.

19. Oct 28 19 48 Grace P. Stetson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 19 48 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ and that I last saw him _____ alive on _____

Immediate cause of death coronary thrombosis

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hessman M. D. or other

Huntingtown, Md Date signed 10/28/48

Address acting med examiner

1947
36
1891



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10280

Reg. Dist. No. 52

1. PLACE OF DEATH

County CalvertCity or town North Beach
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. CountyCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 1518 E. Street SE
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mrs Helen Gertrude Cauffman

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Fletcher S. Cauffman7. Birth date of deceased (mo., day, yr.) Sept 11, 18978. AGE: Years 51 Months 1 Days 11 If less than one day
hrs. min.9. Birthplace Washington D.C.
(Town, county, and state)10. Usual occupation h.w.

11. Industry or business

12. Name Charles Richard Frizzell13. Birthplace Wash. D.C.14. Maiden name Charlotte Holt15. Birthplace Wash D.C.16. Informant Fletcher CauffmanAddress North Beach 24017. BURIAL Date thereof OCT 26-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CONGRESSIONALLocation WASHINGTON, D.C.18. Funeral director W.W. Chambers Co.Address 517-11th ST. SE. WASH. D.C.19. OCT 22 19 48 Grace L. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 19 48, at 8:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6 19 48, to Oct 22 19 48and that I last saw her alive on Oct 16 19 48Immediate cause of death Carcinoma of Cervix Uteri 4/47

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace L. Hutchins M. D. or otherAddress Chute Street Date signed 10/26/48

RECEIVED
OCT 27 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10281

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 mo. old
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? not admitted - D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MARYLAND County CALVERT
 City or town HUNTINGTON
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Noami Hall

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced mother
 6. (b) Name of husband or wife Bernice Jefferson
 6. (c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) Dec. 30, 1947
 8. AGE: Years 10 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Prince Frederick Calvert Co.
 (Town, county, and state)

10. Usual occupation child

11. Industry or business

FATHER 12. Name Herbert Hall
 13. Birthplace Calvert Co.
 MOTHER 14. Maiden name Bernice Jefferson
 15. Birthplace Calvert Co.

16. Informant mother - Bernice Hall
 Address Calvert Co.

17. Burial Burial Date thereof 11-1-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Patuxent
 Location Calvert

18. Funeral director P. E. Sewell
 Address Prince Frederick, Md.

19. 11-1-48 H. H. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30 19 48, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/30 19 48 to 10/30 19 48 and that I last saw her alive on 10/20 19 48

Immediate cause of death Pneumonia

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. H. Ward M. D. or other

Address Huntington Date signed _____

RECEIVED

NOV 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

10282

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 9

19. 48. at

10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 22

19. 48. to

Death

and that I last saw her

alive on

Sept. 22

Immediate cause of death

Ventricular Stenosis
or Myocardial Infarction
Due to atherosclerotic Heart
Disease & Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harry Robert Braslow, M.D.

Address

Prince Frederick

Date signed

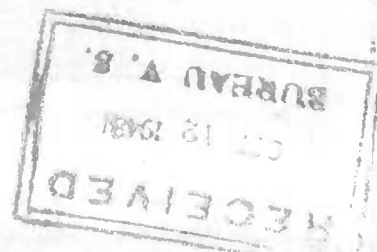
Oct 9, 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care-fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10283

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Barstow
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Barstow
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Florence L. Simmons

3. (b) Social Security Number

no4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W6.(b) Name of husband or wife Dr. Oliver O. Simmons

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 9, 18638. AGE: Years 85 Months 1 Days 11 If less than one day _____ hrs. _____ min.9. Birthplace Fairbairn, Anne Arundel Co., Md.
(Town, county, and state)10. Usual occupation Home

11. Industry or business

12. Name William Hooper13. Birthplace md.14. Maiden name Mary Prout15. Birthplace md16. Informant Daisy S. CoxAddress Barstow, Md17. Burial Date thereof Oct. 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CentralLocation Barstow, Md18. Funeral director A. A. Harkness & sonAddress Mutual, Md19. 10-20 19 48 H. H. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20, 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Coronary Thrombosis -Due to Hypertension c.v.d.Due to Senescent arterio-sclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

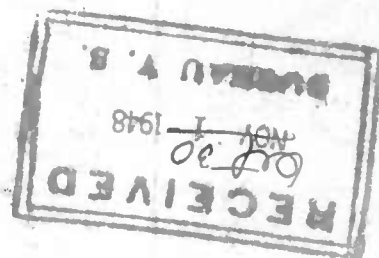
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edw. Williams

M. D. or other _____

Address 54 Leonard Date signed 10/21/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

Evidence for change of age shown on:

FILM No. G 117 OCT 20 1948 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10284

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Calvert Co. Hospital

How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD - County Calvert

City or town Owings
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Miss Sarah Effie Wells

3. (b) Social Security Number

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Willie Wells

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec. 29 - 1885

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Calvert Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Stallings

13. Birthplace Fairhaven

14. Maiden name Sarah Turner

15. Birthplace Mt. Harmony

16. Informant Mr. Wm M. Wells

Address Owings Md.

17. Burial Burial Date thereof Oct 8 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Harmony

Location Mt. Harmony - W. H. Guthrie

18. Funeral director W. H. Guthrie

Address Owings, Md.

19. Oct 8 19 48 Grace L. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 - 10^{PM} 19 48, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 19 48, to Oct 5 19 48

and that I last saw her alive on Oct 5 19 48

Immediate cause of death Cerebral accident

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

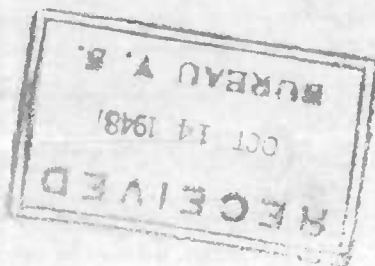
Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature]

M. D. or other _____

Address _____

Date signed _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10285

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County... *Calvert*City or town... *Paris*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Maryland* County... *Calvert*City or town... *Paris*
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Marna Wills

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1-7-48

8. AGE:

Years

Months

Days

If less than one day

*9**3*

hrs.

min.

9. Birthplace... *md*

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Dyrelius Wills

13. Birthplace

md

MOTHER

14. Maiden name

JDA Elizabeth Rawlings

15. Birthplace

md

16. Informant

Elizabeth B. Wills

Address

Paris, md.

17.

Burial

Date thereof

10-11-48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Carters Chapel

Location

Friendship O.A.

18. Funeral director

P.E. Sawell

Address

Prince Frederick, Md.

19.

10-11 19 *48**H.W. Ward*

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... *10-10-48* at *7:55 AM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 19 *48* to *Oct 9* 19 *48*and that I last saw her... alive on *Oct 9* 19 *48*Immediate cause of death... *Cardiac Failure**complicated by pneumonia; terminal bronchial*Due to... *Congenital Heart Disease**Severe*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'l'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE... *H.R. Brashear Jr. MD*

M. D. or other

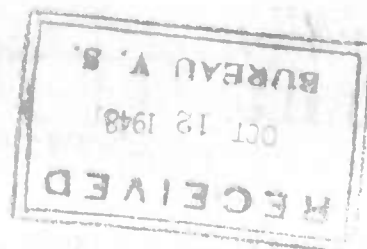
Address... *Prince Frederick* Date signed *10-11-48*

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The entire age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of
age shown on:

FILM No. G 117 NOV 3 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10286

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert
City or town Princ. Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life
Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Owings Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) if veteran, name war _____

3. (a) FULL NAME

Mrs. Edith Alverta Wood

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife T. Morgan Wood

7. Birth date of
deceased (mo., day, yr.) Nov. 9, 1893

5.(c) If alive, give age 55 years

8. AGE: Years 55 Months 5 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Hutwell, Anne Arundel Co., Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

12. Name James Crosby

13. Birthplace Fairhaven, Md.

14. Maiden name Alverta Sherbest

15. Birthplace Maryland

18. Informant Mrs. Morgan Wood

Address Owings Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof Oct. 15/48
(month) (day) (year)

Cemetery or crematory Friendship

Location Friendship A.D. Co

18. Funeral director Wm. H. Hutchings

Address Owings Md.

19. Oct 16 19 48 Grace L. Hutchings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 19 48 at 2:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 132 to Oct 13 19 48
and that I last saw her alive on 10/12/48 19 48

Immediate cause of death Cerebral Vascular Disease

DURATION

4 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hutchings

M. D. or other

Address Owings Md. Date signed _____

MARGIN RESERVED FOR BINDING

VS. A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

